

NOTICE
Competitive Request for Applications

NEW JERSEY ABSTINENCE EDUCATION PROJECT

July 1, 2011 – June 30, 2012
Application Due Date: April 21, 2011



Issued By:
Poonam Alaigh, MD, MSHCPM, FACP
Commissioner

Susan M. Walsh, M.D., FACP
Deputy Commissioner
Public Health Services

Gloria M. Rodriguez, DSW
Assistant Commissioner
Division of Family Health Services

Lakota Kruse, MD, MPH
Director
Maternal and Child Health Services

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REQUEST FOR APPLICATION (RFA) NOTICE

**New Jersey Department of Health and Senior Services
Division of Family Health Services
Maternal and Child Health Services
Child and Adolescent Health Program**

NEW JERSEY ABSTINENCE EDUCATION PROJECT (NJ AEP)

I. GENERAL INFORMATION

A. Statement of Purpose

The Affordable Care Act of 2010 restored State Abstinence Program funding for Federal Fiscal Year (FFY) 2010 through FFY 2014(Ref 1). The purpose of Title V State Abstinence Program of the Social Security Act is to support decisions to abstain from sexual activity by providing abstinence programming as defined by Section 510(b) of the Social Security Act, with a focus on those groups most likely to bear children as an unmarried teen. States are encouraged to develop medically accurate and effective abstinence-based plans responsive to their specific needs and, at the option of the State, and where appropriate, mentoring, counseling and adult supervision to promote abstinence from sexual activity.

The New Jersey Department of Health and Senior Services (DHSS), Division of Family Health Services (FHS), Maternal and Child Health Services (MCHS) is seeking applications to implement and evaluate a project that addresses abstinence education in conjunction with youth development and/or healthy relationships and/or life skills and/or healthy behaviors and/or mentoring, counseling or supervisory programs. The goal of the New Jersey Abstinence Education Project (NJ AEP) is to provide 10 – 13 year old (up through but excluding youth 14 years of age and older) male and female adolescents with the knowledge and skills to abstain from or delay the initiation of sexual activity. At least 50% of these youth are required to live in one of the thirty (30) state-identified, high-risk New Jersey municipality(ies).

The allocation of federal abstinence education funding to states from the US Department of Health and Human Services (DHHS), Family and Youth Services Bureau (FYSB), Administration on Children, Youth and Families (ACYF) is determined by a formula, based on the state's child poverty rate. The amount of funding allocated to the New Jersey DHSS for federal fiscal year (FFY) 2010 is \$913,938.

B. Background

Teen pregnancy prevention is a state priority for NJ and is highlighted in the NJ Title V MCH Block Grant. The issues surrounding teen pregnancy are complex. Teens living in circumstances that expose them to poor socio-economic conditions, inadequate/overcrowded housing, low educational attainment, literacy and language barriers, family violence, child abuse and neglect, gang involvement, and crime are at highest risk for becoming pregnant or causing a pregnancy. They have less access to resources and opportunities that offer positive options for their lives.

National studies have shown that adolescents who have low expectations for their educational achievement and who are academically failing are more likely to initiate sexual activity at an earlier age and become pregnant. Lack of support and poor communication skills are also associated with the initiation of sex at an early age. Teenage childbearing can have long-term negative effects on all involved: the teen mother, the teen father and the infant. Infants born to teen mothers are at higher risk of being low birth weight and born prematurely. They are also far more likely to be born into families with limited educational and economic resources.

Abstinence education has a role in the continuum of health education strategies to reduce the risk of unintentional pregnancies, sexually transmitted diseases (STD) including HIV, and other risk-taking behaviors that may lead to health, social and economic consequences. Abstinence from sexual activity is the most effective method of preventing STDs/HIV and unintended pregnancies. A project that incorporates abstinence education into a youth development (YD) framework has the potential to not only reduce sexual risk behaviors but to reduce other risky behavior choices. A YD framework utilizes positive, age appropriate activities that promote healthy adolescent development and resilience. These skills and competencies serve youth in navigating the social and emotional challenges of their adolescence as well as providing them the lifelong assets needed for a successful adult life.

Appendix A provides the federal definition of the term “abstinence education”, as described by the A-H guidelines in Title V Section 510 (b)(2) of the Social Security Act. The funding opportunity description released by the US DHHS cites “States expending funds for abstinence education programs may determine the relative emphasis to place on each of the A-H guidelines”. For the purposes of this RFA, emphasis is placed on guideline C which “teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems”; and, guideline G which “teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.”

In addition, Subsection (a) allows the State to use funds for mentoring, counseling, and adult supervision programs to promote abstinence from sexual activity. These terms are defined as:

- **Mentoring:** Provide young people with safe and trusting relationships; healthy messages about life and social behavior; appropriate guidance from a positive adult role model; and opportunities for increased participation in education, civic service, and community activities.
- **Counseling:** Guidance to individuals, families, groups, and communities by such activities as giving advice, delineating alternatives, helping to articulate goals, and providing needed information.
- **Adult Supervision:** Monitoring and assistance to support positive, developmental, and structured activities.

Regardless of the type of project being proposed in this application, **applicants must ensure that project funds are not used in ways that contradict the A-H guidelines** of the federal abstinence education definition.

C. Description of Problem and Need

Despite impressive gains made in reducing teen pregnancy and childbearing since the 1990s, the gradual decline in births to adolescents appears to be leveling off in NJ. According to Guttmacher, 23,080 teenage pregnancies (19 years old and younger) occur each year in NJ (Ref 2). The majority of teen births (77%) are unintended (Ref 3). As the second wealthiest state in the nation, NJ should be ranked at the bottom of the state list for prevalence of teen pregnancy and teen births. NJ ranks significantly higher (20th) than other states for teen pregnancy rate. NJ has the 10th largest number of teen pregnancies in the US.

Socio-demographic factors vary greatly across NJ municipalities. Youth living in low socio-economic circumstances are at high risk for teen pregnancy and STDs/STIs. Kids Count data illustrates that teens living in the top 20 largest NJ cities account for 45% of all state births to teens ages 10-14, and 55 % of births to youth ages 15-19 (Ref 4). Kids Count data also show that compared to statewide data, the top 20 largest NJ cities have: a greater proportion of black and Hispanic residents (72% vs. 26% statewide); higher poverty rates (median income of \$31,688 vs. \$65,282 statewide and 27% of children under age 19 living in poverty); higher unemployment rates (14.8% vs. 10.2% statewide); more households headed by a single parent (47% vs. 22% statewide); lower academic achievement (less than 50% of youth passed 8th grade language arts, math and science vs. statewide rates of 72%, 62% and 77% respectively); and lower graduation rates (2004/2005 school year rates of 66% vs. statewide graduation rates of 84%).

Teenage sexual activity data from the 2009 NJ Student Health Survey of high school students also illustrates disparities across the state and the need for expanded teen pregnancy prevention

activities (Ref 5). Nearly half (46.3%) of all NJ high school students had sexual intercourse (Hispanic 57.6%, black Non-Hispanic 53.0%, and white Non-Hispanic 43.2%). Of these sexually active students, 4.1% initiated sexually activity before age 13 (black Non-Hispanic 7.9%, Hispanic 7.7%, and white Non-Hispanic 2.1%). One in 20 (5.3%) students report they had been pregnant or had caused someone to become pregnant (black Non-Hispanic 12.2%, Hispanic 7.1%, and white Non-Hispanic 2.6%).

Municipality level data from birth certificates demonstrate the unmet need for teen pregnancy prevention services in New Jersey communities. Appendix B lists the top 30 municipalities demonstrating the greatest need for interventions based on the percentage of births to teens and the Perinatal Risk Index (PRI) developed by the MCH Epidemiology Program (Ref 6). The PRI is a standardized score predicting the relative incidence of five adverse MCH outcomes (perinatal death, infant death, low birth weight, teen mother and late prenatal care) expected on the basis of the socio-demographic profile of women giving birth in a geographic unit. While NJ's birth rate for 15 to 19 years olds (23 per 1,000) is much lower than the national rate (40 per 1,000), there are great differences between the percentage of births to US-born Hispanic and black non-Hispanic mothers and white non-Hispanic mothers.

The top 30 municipalities at high risk for teen pregnancy account for 59% of all NJ teen births 10 to 19 years of age, while the 30 municipalities account for only 28% of all births for 2007 - 2009. The 30 municipalities share a common characteristic of having a higher than expected concentration of mothers at risk of teen pregnancy based on the prevalence of teen births and other demographic risk characteristics in their community (see Perinatal Risk Index in Appendix B, Column 1).

Of the 30 high-risk communities identified, 9 participate in the DCF funded Adolescent Pregnancy Prevention Initiative (APPI), and 24 have School Based Youth Services Programs (SBYSP), also funded by grants from DCF. Targeting adequate levels of services to communities with the highest risk of teen pregnancy would provide the greatest impact on NJ's overall rate of teen births.

NJ service agencies and communities can successfully work together to prevent teen pregnancy and STDs/STIs. The annual estimated cost associated with teen childbearing (teens 19 and younger) in NJ to taxpayers is at least \$167 million in 2004 (24% federal costs and 76% state and local costs) (Ref 7). Studies demonstrate that a much larger amount of money is spent on the consequences of teen pregnancy than on prevention. NJ has an opportunity to invest in prevention and reduce not only the monetary but also the societal costs to our youth burdened by the often overwhelming responsibilities of teen pregnancy and parenting. Abstinence programming is one strategy in a continuum of programs and services that seeks to prevent pregnancy among those most likely to get pregnant at a particularly young age.

II. POLICIES AND REQUIREMENTS

A. Eligibility

New Jersey-based local and county health departments; not-for-profit community-, school-, or faith-based organizations; youth-serving agencies including after-school programs; other non-profit or public entity that serves or has the capacity to serve, the majority of their 10 – 13 year old (up through but excluding youth 14 years of age and older) male and female adolescents living in one of the thirty (30) State-identified, high-risk municipalities.

Eligible applicants are required to identify and document the non-Federal match amount of 43% of their requested budget. The non-Federal match funds may include State, local government and private (i.e. foundation) dollars, or other in-kind support.

B. Target Municipality(ies)

At least fifty per cent (50%) of the target population to be served by an applicant shall live in one of the thirty (30) State-identified, high-risk municipalities. The remainder of the target youth population can be recruited from other municipalities.

The DHSS will fund at least one applicant agency in each of three New Jersey regions:

- 1) North - Bergen, Essex, Hudson, Morris, Passaic, Sussex and Warren counties;
- 2) Central - Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset and Union counties;
- 3) South -Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem counties.

C. Funding Information

A total of up to \$715,000 will be available to fund health service grants (HSGs), in amounts ranging from approximately \$80,000 to serve one municipality to \$250,000 to serve three municipalities per grant. The award of HSG funds is contingent upon the continued receipt of these funds from ACYF.

Projects supported with these funds must be medically accurate. Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer reviewed journals where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective and complete. An applicant may not present information as factual when it reflects a value or opinion instead of fact. The applicant must sign and submit with the application Attachment A “Assurance of Medical

Accuracy” to certify that “all abstinence education materials that are presented as factual will be grounded in scientific research.”

Section 317P(c)(2) of the Public Health Service Act

Mass produced educational materials that are specifically designed to address sexually transmitted diseases/infections (STDs/STIs) are required to contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STDs/STIs the materials are designed to address. In general, information on contraceptives, if included, must be medically accurate and should include information on the effectiveness or lack of effectiveness of the type of contraception discussed. Should the State or the ACYF find medically inaccurate information during the review process, or at any time during the grant project period, the correction of these inaccuracies will be required.

Initial awards will be for one year starting July 1, 2011. It is the intent of this grant to provide funds for a five (5) year project period. However, budgets will be annually submitted and approved for the periods of:

- Year 1 - July 1, 2011 through June 30, 2012
- Year 2 - July 1, 2012 through June 30, 2013
- Year 3 - July 1, 2013 through June 30, 2014
- Year 4 - July 1, 2014 through June 30, 2015
- Year 5 - July 1, 2015 through June 30, 2016

Grant funds can be used for the following costs:

- Personnel: salary and fringe benefits for grant-funded position(s) and supervision (not to exceed .10 FTE) and administrative support (not to exceed .50 FTE);
- Consultant: including pro-rated audit services;
- Office Expenses: office supplies, printing, postage, telephone, computer and related data processing supplies;
- Program Expenses: including curriculum, youth incentives, meeting supplies, educational materials; costs related to conducting and collecting the pre- and post-tests and the six (6) month follow-up;
- Training and continuing education programs or meetings for the professional development of the grant-funded educator position;
- Travel: work-related mileage reimbursement;
- Equipment: computer lap top and printer for the grant-funded educator position;
- Facility costs;
- Sub-grants: signed memorandum of agreement (MOA) by start date of grant;
- Indirect costs, **only** with the submission of a third party government letter of approval justifying these costs.

Grant funds **may not** be used for: over-night accommodations in New Jersey, New York City or the City of Philadelphia; association or organization memberships; or supplanting existing sources of funds. Ineligible costs will be removed.

D. Grant Requirements

A general description of the anticipated responsibilities of grant-funded staff is provided in Appendix C. The applicant shall have the capacity to: 1) hire grant funded staff within 60 days of receipt of the notice of grant award (NOGA) and 2) implement the AEP beginning September 2011. Specific grant requirements will support the administrative and programmatic activities necessary to manage the project and accomplish the proposed activities. This will be assured through the use of the HSG formal agreement, Attachment C, which identifies all program specifications and requirements to which the sub-grantee is legally bound and held accountable to accomplish.

E. Evaluation

Quarterly program progress and fiscal reports are required for submission in SAGE (System to Administer Grants Electronically). Program progress reports summarize the status or accomplishment of grant required activities and shall also address barriers encountered and/or lessons learned. The grantee shall also participate in an annual site visit for each municipality served.

Successful applicants will be required to collect and submit data that includes, but is not limited to: an unduplicated count of youth participants served; the hours of the project received by youth participants; the per cent of youth participants that completed at least 75% of the project; and evaluation data using a standardized pre-and post-test survey tool given to youth participants. The pre- and post- test instrument, provided by the State, will consist of demographic questions (age, gender, race/ethnicity) and measure youths' knowledge and attitude changes toward abstinence or delayed initiation of sexual activity and other, to be determined, items which may include but not be limited to: alcohol and drugs on sexual vulnerability, ability to effectively communicate refusal of unwanted sexual activity confidence in ability to prevent pregnancy and STDs/STIs, attitudes about teen parenthood, self confidence, resiliency, engaging in sexual activity in the past three months and the likelihood of engaging in the next three months; knowledge of and communication about reproductive health; readiness for a relationship; participation in an after-school program or extracurricular activities.

Youth participants are required to complete a pre-test prior to the start of the intervention. The same post-test shall be completed at the conclusion of the intervention. Youth shall be queried on the post-test survey tool regarding their satisfaction with the AEP and solicited for suggestions to improve the project. A follow-up survey tool shall be completed at six (6) and/or twelve (12) months following the youth's completion of the project. The follow-up is intended

to determine whether abstaining from sexual activity, not getting pregnant or causing a pregnancy and not getting a STI/STD was sustained after completing the project. A 6- and/or 12-month follow-up was determined to be a reasonable amount of time so as not to be overly burdensome in tracking youth participants, given the available resources. Data will be compiled and submitted using forms designed and provided by the State program. This data will subsequently be submitted in reports to FYSB, ACYF.

F. Termination of Grant

The DHSS reserves the right to terminate an approved grant based on any one (1) of the following conditions: unsatisfactory program performance in meeting grant requirements; chronic (2 or more) late submissions of quarterly program progress or fiscal reports per grant year; the unavailability of funds; or, needed modifications in the project proposal based on evidence-based research that can not be met by the grantee.

III. APPLICATION PROCESS

A. Required Components

1. Abstract

On a separate attachment titled “Abstract – An Abstinence Education Project in (name(s) of municipality(ies))”, complete a one page at-a-glance summary with the following information:

- a) Name and address of applicant agency, name of contact individual with email address and phone number;
- b) Project description; and
- c) Project goal(s) and objectives.

2. Application for Grant Funds

The Application for Grant Funds, in response to this RFA, shall be made through SAGE (System to Administer Grants Electronically). Applicants MUST be registered with a Username and Password at the NJDHSS SAGE System Homepage located at SAGE.NJ.GOV, after attending the mandatory technical assistance training. The Application for Grant Funds consists of the following pages and attachments:

Page 1, FS 40 and Page 2, The Statement of Local Governmental Public Health Partnership. Complete in accordance with the application instructions.

Page 3, Assessment of Need(s). This section has a 3 page limit per municipality and a score value of up to 15 points. This section justifies the need for the AEP in the target

municipality(ies). The applicant shall describe the demographic, socio-economic and other relevant data characteristics of the target municipality(ies) using current (within three years) and available data sources with citation by source and year.

The applicant shall identify the presence of pregnancy prevention and reproductive services and related educational programs and/or activities (such as the Adolescent Pregnancy Prevention Initiative (APPI), School Based Youth Service Programs (SBYSP)) that exist in the target municipality(ies). Coordination and/or collaboration efforts shall be described to show how the proposed AEP will fit into the continuum of services and programs that enhances and not duplicates existing pregnancy prevention, reproductive services and related educational programs and activities, to prevent teen pregnancy and STIs/STDs.

Attachment B, Resource Directory of Youth-serving Health and Social Service Agencies.

The applicant shall identify and list the agencies and organizations available to their youth population in the target municipality(ies) using Attachment B. The attachment has a score value of up to 3 points. The Resource Directory can be used by stakeholders to identify existing service gaps and overlaps. Youth can use the Resource Directory to create a youth-friendly version of health and social service agencies. The applicant is required to review the Resource Directory annually and update it as needed.

Page 3, Objective(s) and page 4, Method(s) is the applicant's AEP plan and has a score value of up to 33 points. The applicant shall develop, implement and evaluate a plan that encompasses the objectives and activities to be accomplished.

Objectives are clear statements of the specific activities required to achieve the goals and states a specific milestone to indicate whether or not the objective was met. There are two types of objectives: process and outcome. Both types of objectives are required in this application. Process objectives provide a count of the number of programs being conducted and/or the number of youth participants being educated or they identify benchmarks indicating whether or not the project is progressing as planned.

A **SMART** process objective answers the questions:

WHO is the target population benefiting from the project?

WHAT is the project being conducted?

WHEN is the project being completed?

WHERE is the target population located?

A SMART process objective also clarifies HOW MUCH, HOW MANY, or HOW OFTEN the project is being conducted.

Outcome objectives measure changes in knowledge, attitudes, intentions, behaviors or skills from a current baseline status to an expected desired status. A SMART outcome objective

answers the same questions as a process objective but indicates the amount of change (decreased, increased or maintained) that is expected. The NJ AEP objectives are given below:

Objective 1 - By June 30, 2012, at least three sub-grants to community-, school-, or faith-based organizations located, one each in the north, central and south region of NJ, will conduct an AEP to reach a total of 10,000 or more 10-13 year old youth per year, the majority living in at least one (1) of the thirty (30) State-identified, high-risk municipality(ies) of New Jersey.

Objective 2 - By June 30, 2013, there will be a 10% increase in the number of participating youth who identify an intention to abstain from or delay the initiation of sexual activity, as measured by a standardized pre- and post-test survey tool. (Key Outcomes E1, 2)

Objective 3 – By June 30, 2012, there will be a thirty per cent (30%) increase in the number of youth, as measured by a standardized pre- and post-survey tool, who can:

- a) describe the influence of alcohol and drugs on sexual vulnerability; and,
- b) feel confident in effectively communicating a refusal of unwanted sexual activity.
- c) demonstrate a commitment to respecting the boundary of a partner who say they do not want to participate in sexual activity.

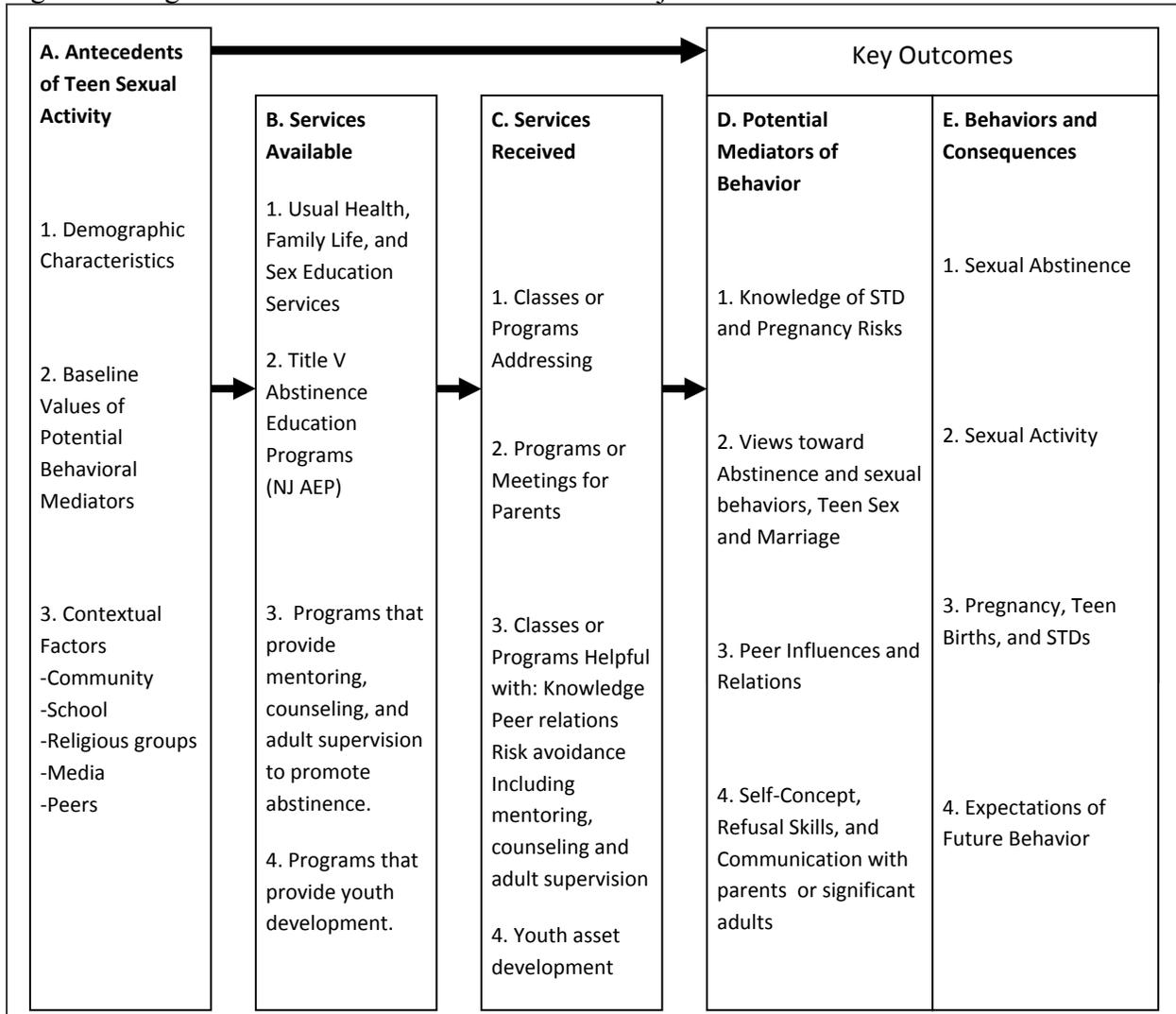
Objective 4 –By December 31, 2012, at least seventy-five percent (75%) of youth who complete the project will: abstain from sexual activity, not get pregnant or cause a pregnancy and/or not get an STI/STD for 6 and/or 12 months following the post-test, as measured by a standardized follow-up survey tool. (Key Outcome E4)

Objective 5 – By June 30, 2015, the live birth rate among 10-17 year old adolescent girls in the targeted municipalities will be reduced by 10% from 2010 baseline. (Key Outcome E3)

Logic Model

A logic model provides a systematic and visual diagram that shows the connection between the program inputs (e.g. resources, in-kind services) used to implement the project's strategies/activities, and the expected changes (specific process outputs and key outcomes) that ultimately result in the achievement of the goal statement. The NJ logic model was adapted from the published literature (Ref 8). Applicants are required to create and submit a logic model that provides an overview specific to their intervention and its activities.

Figure 1 - Logic Model: NJ Abstinence Education Project



Modified from - [Impacts of Four Title V, Section 510 Abstinence Education Programs](http://aspe.hhs.gov/hsp/abstinence07/ch1.htm)
<http://aspe.hhs.gov/hsp/abstinence07/ch1.htm>

Methods are the activities, programs, services or interventions that will take place to achieve the objective. Methods shall incorporate evidence-based or promising practices and be appropriate to the youth’s age, gender, culture and sexual experience. The State strongly supports the ACF guidance that encourages applicants to consider the needs of lesbian, gay, bisexual, transgender, and questioning youth and describes how the proposed project will be inclusive of and non-stigmatizing toward such male and female youth participants.

The following criteria have been supported by research (Ref 10) and shall be used in scoring the content of the proposed AEP

- 1) has a sound theoretical framework (e.g. ecological systems theory, , health belief model, social learning (cognitive) theory, motivational theory, stages of change, theory of

- reasoned action/planned behavior) with program development that involved multiple sources of expertise (Ref 11).
- 2) is appropriate to the youths' culture, developmental age, gender and sexual experience and involves youth input for project improvements.
 - 3) has medically accurate content, grounded in scientific fact and void of negative portrayals of sex or moralistic tones.
 - 4) uses design components or incorporates characteristics of evidence-based programs with demonstrated effectiveness on reducing sexual activity, pregnancy, STIs/STDs, HIV and/or increasing contraceptive use (Ref 9).
 - 5) has been used for at least six months with published results or has otherwise documented positive changes in knowledge, attitudes, intentions, behaviors and/or skills.
 - 6) engages youth in asset development activities that not only reduce sexual risk behaviors, but are known to impact all risky behavior choices, assuring a greater likelihood of resiliency and life success.
 - 7) consists of 14 hours or more hours of contact time (Ref 11, 2001) with sufficient time between sessions for youth to "process" the information being learned.
 - 8) uses peer support for encouraging decisions to abstain and/or delay sexual activity (Ref 8).
 - 9) uses trained, skilled and credible facilitators/educators with a background similar to the youth being served (when possible), who focus on the youth's personal strengths and supports them with positive feedback. Educators are monitored, supervised and otherwise supported in their ability to effectively implement the project. (Ref 11).

This RFA also requires that the applicant identify methods to engage youth, families and the community. At least one youth focus group is required per grant year in the municipality(ies) being served by the applicant to gain information on the youth's attitudes, knowledge, beliefs, needs, etc. as related to abstinence, sexual activity, reproductive health and/or other related areas.

Lastly, the applicant is required to describe methods in the AEP plan for project sustainability. This can include such activities as leveraging current or identifying new funding sources and recruiting new stakeholders for resource contributions.

Website resources are provided in Appendix D.

Page 4, Evaluation of Project consists of identifying appropriate outputs and outcomes for each objective for use in evaluating the activities that have taken place and whether or not the project achieved the expected change. The applicant shall describe the method(s) for collecting the evaluation data required by the state. Section II E details the evaluation requirements of this application.

Page 5, Cost Summary and Schedules A, B, and C and Page 6, Funds and Program Income From Other Sources pertain to the “Budget” section of this application. This section has a score value of up to 10 points based on the submission of a reasonable line item budget within the allowable categories described in the RFA. Justification of line item costs is required.

The non-federal matching fund requirement of 43% of the applicant’s requested budget amount for this grant project is documented on page 6. The match may be “State dollars, local government dollars, private dollars, such as foundation dollars, or in-kind support.” The value assigned to the non-federal matching fund requirement shall also be documented on signed LOSs. The applicant agency may contribute toward these resources and/or in-kind services. The contribution of resources and/or services can include, but are not limited to:

- in-kind staff to conduct educational presentations or trainings
- student incentives, educational materials
- office supplies or equipment
- use of facility space
- expertise: public relations, marketing, technology
- data collection, analysis or evaluation services
- providing referral, mental health counseling or social services
- fundraising
- cash contributions
- other, identify: _____

Attachment C, Letter of Support (LOS). The applicant is required to submit this attachment from each organization that is supporting the applicant by committing services and/or resources as documentation of the 43% non-federal matching funds for the grant project period. The dollar value of the organization’s contributions and the calculations that justify it shall be documented on the LOS.

Schedules D, G, H, I, J, and K. Complete in accordance with the application instructions.

3. Additional application components:

a. Applicant Capability and Capacity. This narrative has a five (5) page limit and a score value of up to 17 points. The narrative shall describe the applicant’s commitment, leadership experience and accomplishments specific to agency experience that is relevant to the proposed AEP in the areas of abstinence or teen pregnancy prevention education; youth asset development; mentoring, counseling and adult supervision; and healthy life skills and relationships. What strengths and organizational resources (staff, skills, facility, financial, technology, partnerships, etc.) justify the selection of the applicant as the best candidate for this project?

The description shall also address the applicant's experience in promoting, implementing, and evaluating the same or similar projects that demonstrates the applicant's capacity to meet the requirements of this RFA. What positive outcomes (changes in knowledge, attitudes, intentions, behavior and skills) were achieved with same or similar projects conducted by the applicant? What worked and/or what lessons were learned that could be applied to ensure the success of this project?

b. Applicant organization chart indicating the location and acceptable supervision of the AEP. Also, if known, the **resume(s) of the potential candidate(s) for the grant position.**

c. Community Support and Collaboration. This narrative has a five (5) page limit and a score value of up to 15 points. The narrative shall describe how the proposed AEP is coordinated to fit into a continuum of existing pregnancy prevention and reproductive services and related educational programs to enhance and not duplicate the services and programs that exist in the municipality(ies) being targeted. The applicant shall describe either: 1) the history of existing coordination and collaboration; 2) the history of existing coordination and collaboration in addition to new efforts being proposed; or, 3) a proposal for coordination and collaboration that did not previously exist.

Additionally, methods/activities for family and community engagement shall be described in the AEP plan.

d. The applicant shall submit a copy of their proposed curriculum.

e. Additional documentation, applicable to the time frame of the grant includes:

- 1) salary plan for merit or cost of living increases
- 2) fringe benefit justification
- 3) consultant agreements
- 4) travel policy
- 5) indirect cost agreement indicating cognizant agency negotiated rate
- 6) rental /lease agreements

Upon receipt of the "Notice of Grant Award" (NOGA), the approved applicant shall create a Memorandum of Agreement (MOA) for the transfer of funds from the applicant agency to any sub-grantees. This type of document ensures the accountability of the agreed upon responsibilities between the applicant agency and the sub-grantee. MOA(s) are required to be submitted in SAGE by the grant start date.

B. Mandatory Technical Assistance Meeting

Applicants are **required to attend** the technical assistance meeting to be eligible to submit an application. On-line registration is required and available through the New Jersey Learning Management Network at: <https://njlmn.rutgers.edu>, no later than 12:00 noon on Monday, March 7, 2011. Registration is limited to five representatives per applicant.

The mandatory technical assistance meeting is scheduled for:

Date: Friday, March 11, 2011
Check-in Time: 8:30 – 9:00 am
Meeting Time: 9:00 – 11:30 am
Location: NJ State Police – NJ Forensic Science Technology Center
1200 Negron Drive
Hamilton, New Jersey 08691
Phone: (609) 584-5051 ext 5490

This technical assistance meeting will provide the opportunity for potential applicants to review, clarify and ask questions about the information presented in this RFA. No further technical assistance on the RFA will be provided after this meeting.

C. Application Submission

Potential applicants are required to send a letter of intent via email expressing their interest in submitting an application in response to this RFA. **Letters of intent** shall be sent to: Lakota.Kruse@doh.state.nj.us and **must be dated no later than Tuesday, March 15, 2011**. Applications are ineligible for submission if letters of intent are not received by the deadline.

The DHSS administers discretionary grant programs in strict conformance with procedures designed to ensure accountability and integrity in the use of public funds. The DHSS requires all grant applications to be submitted electronically through the System for Administering Grants Electronically (SAGE). There are two tracks for applicants: Track 1 is for applicants who have never registered or applied for grants electronically with the DHSS or with another state department using SAGE. Track 2 is for applicants that are registered and/or have already applied for grants through DHSS or with another department using SAGE. Appendix E provides general information pertaining to SAGE.

An applicant will lose the opportunity to be considered eligible for a grant award if the application is not submitted by the deadline. **Applications must be submitted no later than 11:59 p.m. on Thursday, April 21, 2011**. SAGE automatically shuts down the application submission process at midnight on April 22, 2011.

D. Application Review Process

Submitted applications will undergo a review committee process. The review committee will assess and score each application according to Appendix F: Scoring Criteria and Points. An application must score ≥ 75 points to be approved for funding. Applications meeting these criteria will be rank ordered, by region, from the highest to the lowest score.

E. Grant Award Process

Grants will be awarded by region, in rank order, to applicants that have scored the highest in the review process, up to the limits of available funds. The DHSS will fund at least one successful applicant each in the North, Central and South regions of the State. Applications with scores of ≥ 75 points, but for which grant funds are not available will be considered as “approved, but not funded.” These applications will be eligible for grant funding in future periods should monies become available.

F. Notification of Grant Award

It is anticipated that applicants will be notified of the award status (acceptance or rejection) no later than May 31, 2011. At this time, the DHSS staff may schedule a meeting with the successful applicant to negotiate and finalize the budget. Funding and issuance of a grant is contingent upon the availability of funds.

G. 2011 RFA Timelines

FebruaryRelease of RFA
March 7.....Deadline to pre-register on the New Jersey Learning Management
 Network for mandatory technical assistance meeting
March 10.....Mandatory technical assistance meeting
March 15.....Letter of Intent (email)
April 21.....Application deadline (11:59 pm)
May 31Notification of grant award
July 1, 2011...Grant year begins

H. References:

1. Title V State Abstinence Education Grant Program HHS-2010-ACF-ACYF-AEGP-0123 from <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-ACYF-AEGP-0123>

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<http://www.guttmacher.org/pubs/USTPTrends.pdf>.
3. NJ PRAMS 2007 data. Pregnancy Risk Assessment Monitoring System (PRAMS): CPONDER accessed at <http://apps.nccd.cdc.gov/cPONDER/>
4. NJ Kids Count 2006
<http://www.acnj.org/admin.asp?uri=2081&action=15&di=962&ext=pdf&view=yes>
5. New Jersey Student Health Survey 2009 <http://www.state.nj.us/education/students/yrbs/>
6. Denk C. Population Perinatal Risk Index for New Jersey Municipalities. 2008.
<http://nj.gov/health/fhs/professional/documents/prareport.pdf>
7. Hoffman, SD (2006). *By the Numbers: The Public Costs of Teen Childbearing*. The National Campaign to Prevent Teen Pregnancy: Washington, DC.
<http://www.thenationalcampaign.org/costs/pdf/states/newjersey/fact-sheet.pdf>
8. Trenholm, C. et. al. (2007). *Impact of Four Title V, Section 510 Abstinence Education Programs*. Princeton, NJ: Mathematica Policy Research Inc.
<http://aspe.hhs.gov/hsp/abstinence07/ch1.htm>
9. Jemmott JB; Jemmott, LS; Fong, GT (2010). *Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months: A Randomized Controlled Trial with Young Adolescents*. Archives of Pediatrics & Adolescent Medicine 164(2):152–9.
<http://archpedi.ama-assn.org/cgi/content/short/164/2/152?home>.
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11. Kirby, D. (2001, updated 2007). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy (Summary)*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Attachment A

New Jersey Abstinence Education Project

Assurance of Medical Accuracy

As the authorized individual signing this grant application on behalf of [NAME OF APPLICANT], I hereby attest and certify that we will make every reasonable effort to ensure that materials proposed in this application and funded during the project period of this grant are medically accurate.

Print Name

Signature

Date

Attachment B

New Jersey Abstinence Education Project

Resource Directory of Youth-serving Health and Social Service Agencies for

Municipality(ies)

| Program Name and Location | Type of Service(s) | Contact (phone/web site) |
|----------------------------------|---------------------------|---------------------------------|
| | | |
| | | |
| | | |

New Jersey Abstinence Education Project

**Letter of Support
July 1, 2011 – June 30, 2012**

Complete, sign and submit this form for each organization contributing non-federal matching funds.

Applicant Agency _____

Name of Organization _____

Type of Organization (Health/Healthcare, Government, School, Social Service, Mental Health, Faith-based, Community-based, Voluntary, Civic or Service Association, Other): _____

Contact Person Name and Title _____

Telephone # _____ E-mail _____

Check services/resources to be contributed as non-Federal Matching Funds:

- In-kind content knowledge expertise
- Guest speaker
- Office supplies or equipment
- Educational materials
- Low-cost youth incentives (transport vouchers, stipend, discount store gift cards, movie discounts)
- Facility space/location (youth-friendly, youth already congregate, convenient to mass transit route)
- Refreshments
- Participate in meetings related to this project
- Provide a direct service to youth (ie individual/group support/counseling or social services)
- Refer, recruit or outreach to youth to participate in the project
- Data collection, analysis or evaluation services
- Advertising, public relations or marketing/technology expertise
- Fundraising
- Cash contribution
- Other (specify) _____

New Jersey Abstinence Education Project

Federal Definition of “Abstinence Education”

The federal definition of the term “abstinence education,” as described by the A-H guidelines in Title V Section 510 (b) of the Social Security Act, is an educational or motivational program which:

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and,

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Appendix B Table 1 - The top 30 municipalities at high risk for teen pregnancy account for 59% of all NJ teen births 10 to 19 years of age

| 1 | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W |
|----|--|--------|--------------------|--------------------|------------------------------|------------|--------------|------------|--------------|------------|--------------|--------------------------|-----------------------------|-----------------------------|------------|--------------|------------|--------------|------------|--------------|--------------------------|-----------------------------|-----------------------------|
| 2 | COUNTS 2007-09 | | | | | | | | | | | | | PERCENT OF BIRTHS 2007-09 | | | | | | | | | |
| 3 | Peri-natal Risk Index | Region | Municipality | All Births 2007-09 | Births Age 10-19 yrs 2007-09 | Age 10-14 | | Age 15-17 | | Age 18-19 | | Repeat Mothers Age 10-19 | Unmarried Mothers Age 10-19 | Unmarried Mothers Age 10-24 | Age 10-14 | | Age 15-17 | | Age 18-19 | | Repeat Mothers Age 10-19 | Unmarried Mothers Age 10-19 | Unmarried Mothers Age 10-24 |
| 4 | | | | | | All Births | First Births | All Births | First Births | All Births | First Births | | | | All Births | First Births | All Births | First Births | All Births | First Births | | | |
| 4 | | | NEW JERSEY | 326454 | 20654 | 260 | 246 | 6233 | 5620 | 14161 | 11134 | 6725 | 21329 | 36736 | 0.1% | 0.1% | 1.9% | 1.7% | 4.4% | 3.5% | 2.1% | 6.6% | 11.4% |
| 5 | 2.53 | N | Newark City | 14147 | 2000 | 36 | 33 | 658 | 582 | 1306 | 980 | 698 | 2035 | 3232 | 0.3% | 0.2% | 4.6% | 4.1% | 9.1% | 6.8% | 4.9% | 14.2% | 22.5% |
| 6 | 1.38 | N | Paterson City | 8461 | 1227 | 13 | 13 | 406 | 353 | 808 | 610 | 423 | 1204 | 1886 | 0.2% | 0.2% | 4.8% | 4.1% | 9.5% | 7.2% | 5.0% | 14.1% | 22.1% |
| 7 | 1.40 | N | Jersey City | 9976 | 1016 | 15 | 14 | 346 | 314 | 655 | 519 | 300 | 1022 | 1631 | 0.1% | 0.1% | 3.3% | 3.0% | 6.3% | 5.0% | 2.9% | 9.9% | 15.8% |
| 8 | 0.96 | N | Passaic City | 4532 | 537 | 17 | 16 | 195 | 171 | 325 | 233 | 190 | 504 | 821 | 0.4% | 0.4% | 4.3% | 3.8% | 7.2% | 5.2% | 4.2% | 11.1% | 18.2% |
| 9 | 2.78 | N | East Orange City | 3118 | 373 | 3 | 3 | 105 | 100 | 265 | 200 | 130 | 386 | 685 | 0.1% | 0.1% | 3.5% | 3.3% | 8.7% | 6.6% | 4.3% | 12.7% | 22.6% |
| 10 | 2.59 | N | Irvington Township | 3066 | 348 | 5 | 5 | 115 | 105 | 228 | 179 | 97 | 368 | 592 | 0.2% | 0.2% | 3.9% | 3.5% | 7.7% | 6.0% | 3.3% | 12.4% | 19.9% |
| 11 | 1.87 | N | Orange City | 1719 | 150 | 5 | 5 | 41 | 39 | 104 | 81 | 52 | 157 | 287 | 0.3% | 0.3% | 2.3% | 2.2% | 5.9% | 4.6% | 3.0% | 8.9% | 16.3% |
| 12 | 0.86 | N | Englewood City | 902 | 53 | 0 | 0 | 10 | 10 | 43 | 37 | 10 | 62 | 125 | 0.0% | 0.0% | 1.0% | 1.0% | 4.4% | 3.8% | 1.0% | 6.4% | 12.9% |
| 13 | 2.54 | C | Trenton City | 4736 | 828 | 10 | 9 | 276 | 248 | 542 | 393 | 316 | 789 | 1218 | 0.2% | 0.2% | 5.4% | 4.9% | 10.6% | 7.7% | 6.2% | 15.5% | 23.9% |
| 14 | 1.10 | C | Elizabeth City | 6455 | 702 | 12 | 12 | 214 | 184 | 476 | 384 | 221 | 723 | 1238 | 0.2% | 0.2% | 3.2% | 2.8% | 7.2% | 5.8% | 3.3% | 10.9% | 18.6% |
| 15 | 1.83 | C | New Brunswick City | 3214 | 380 | 7 | 7 | 124 | 115 | 249 | 169 | 179 | 365 | 583 | 0.2% | 0.2% | 3.7% | 3.4% | 7.4% | 5.0% | 5.3% | 10.9% | 17.3% |
| 16 | 0.83 | C | Perth Amboy City | 2575 | 378 | 5 | 5 | 109 | 104 | 264 | 209 | 121 | 367 | 619 | 0.2% | 0.2% | 4.1% | 3.9% | 10.0% | 7.9% | 4.6% | 13.8% | 23.4% |
| 17 | 2.13 | C | Plainfield City | 2833 | 291 | 5 | 5 | 81 | 73 | 205 | 161 | 98 | 321 | 536 | 0.2% | 0.2% | 2.9% | 2.6% | 7.2% | 5.7% | 3.5% | 11.3% | 18.9% |
| 18 | 2.61 | C | Asbury Park City | 1137 | 146 | 3 | 3 | 54 | 47 | 89 | 62 | 61 | 139 | 219 | 0.3% | 0.3% | 5.7% | 5.0% | 9.4% | 6.5% | 6.4% | 14.7% | 23.1% |
| 19 | 0.99 | C | Long Branch City | 1648 | 145 | 0 | 0 | 39 | 38 | 106 | 85 | 48 | 158 | 261 | 0.0% | 0.0% | 2.5% | 2.4% | 6.7% | 5.4% | 3.0% | 10.0% | 16.5% |
| 20 | 0.98 | C | Neptune Township | 983 | 106 | 1 | 1 | 34 | 32 | 71 | 62 | 26 | 117 | 187 | 0.1% | 0.1% | 3.3% | 3.1% | 6.9% | 6.0% | 2.5% | 11.3% | 18.1% |
| 21 | 1.54 | C | Roselle Borough | 956 | 89 | 0 | 0 | 25 | 22 | 64 | 50 | 27 | 86 | 140 | 0.0% | 0.0% | 2.7% | 2.3% | 6.8% | 5.3% | 2.9% | 9.1% | 14.9% |
| 22 | 1.23 | C | Hillside Township | 815 | 50 | 0 | 0 | 15 | 15 | 35 | 31 | 13 | 60 | 118 | 0.0% | 0.0% | 1.7% | 1.7% | 4.0% | 3.5% | 1.5% | 6.8% | 13.5% |
| 23 | 3.55 | S | Camden City | 5118 | 1117 | 23 | 22 | 413 | 354 | 681 | 478 | 436 | 1033 | 1429 | 0.4% | 0.4% | 8.0% | 6.8% | 13.1% | 9.2% | 8.4% | 19.9% | 27.5% |
| 24 | 2.20 | S | Bridgeton City | 2212 | 445 | 9 | 9 | 142 | 116 | 294 | 197 | 192 | 382 | 541 | 0.4% | 0.4% | 5.9% | 4.8% | 12.2% | 8.2% | 8.0% | 15.9% | 22.5% |
| 25 | 1.07 | S | Vineland City | 2587 | 371 | 6 | 6 | 120 | 104 | 245 | 179 | 148 | 328 | 526 | 0.2% | 0.2% | 4.5% | 3.9% | 9.2% | 6.7% | 5.6% | 12.3% | 19.8% |
| 26 | 2.02 | S | Atlantic City | 2403 | 363 | 6 | 6 | 123 | 111 | 234 | 151 | 168 | 321 | 500 | 0.2% | 0.2% | 5.0% | 4.5% | 9.5% | 6.1% | 6.8% | 13.0% | 20.3% |
| 27 | 1.17 | S | Millville City | 1445 | 242 | 2 | 2 | 69 | 61 | 171 | 115 | 100 | 228 | 344 | 0.1% | 0.1% | 4.4% | 3.9% | 10.9% | 7.3% | 6.4% | 14.5% | 21.9% |
| 28 | 2.32 | S | Pleasantville City | 954 | 186 | 4 | 3 | 61 | 55 | 121 | 94 | 64 | 186 | 282 | 0.3% | 0.3% | 5.3% | 4.8% | 10.5% | 8.2% | 5.6% | 16.1% | 24.5% |
| 29 | 1.35 | S | Pennsauken Townsh | 1383 | 172 | 2 | 2 | 59 | 57 | 111 | 93 | 40 | 184 | 282 | 0.1% | 0.1% | 4.1% | 4.0% | 7.7% | 6.5% | 2.8% | 12.8% | 19.6% |
| 30 | 2.37 | S | Willingboro Townsh | 1128 | 144 | 3 | 3 | 49 | 46 | 92 | 77 | 33 | 176 | 275 | 0.3% | 0.3% | 4.2% | 4.0% | 8.0% | 6.7% | 2.9% | 15.3% | 23.9% |
| 31 | 1.23 | S | Lindenwold Borough | 933 | 116 | 2 | 2 | 33 | 28 | 81 | 56 | 56 | 103 | 209 | 0.2% | 0.2% | 3.1% | 2.6% | 7.6% | 5.2% | 5.2% | 9.7% | 19.6% |
| 32 | 1.07 | S | Pemberton Townsh | 1022 | 99 | 0 | 0 | 27 | 25 | 72 | 59 | 27 | 107 | 176 | 0.0% | 0.0% | 2.8% | 2.6% | 7.4% | 6.1% | 2.8% | 11.0% | 18.1% |
| 33 | 1.18 | S | Mount Holly Townsh | 497 | 59 | 1 | 1 | 15 | 13 | 43 | 38 | 17 | 65 | 97 | 0.2% | 0.2% | 3.4% | 2.9% | 9.6% | 8.5% | 3.8% | 14.6% | 21.7% |
| 34 | 0.80 | S | Glassboro Borough | 587 | 44 | 0 | 0 | 14 | 14 | 30 | 21 | 17 | 48 | 98 | 0.0% | 0.0% | 2.1% | 2.1% | 4.6% | 3.2% | 2.6% | 7.3% | 15.0% |
| 35 | Top 30 Proportion of State Total | | | 28% | 59% | 75% | 76% | 64% | 63% | 57% | 54% | 64% | 56% | 52% | | | | | | | | | |
| 36 | *Population Perinatal Risk Index for New Jersey Municipalities - See http://nj.gov/health/fhs/professional/documents/prn_report.pdf | | | | | | | | | | | | | | | | | | | | | | |
| 37 | Source: New Jersey resident electronic birth certificates, 2007-2009 | | | | | | | | | | | | | | | | | | | | | | |

New Jersey Abstinence Education Project

Anticipated Responsibilities of Grant-funded Staff

Supervision responsibilities include, but are not limited to:

- Coordinate and provide oversight for all project activities
- Develop the budget and monitor expenditures
- Develop and annually revise the: 1) AEP plan, and 2) sustainability plan
- Recruit partner organizations to garner their commitment of resources
- Recruit and oversee a project advisory council
- Facilitate family and community engagement with project staff
- Order project materials
- Hire, train and manage project staff
- Orient the agency to the project (if needed)
- Recruit youth participants
- Conduct debriefing sessions with project staff
- Establish and oversee data collection processes
- Conduct quality assurance (QA) to monitor fidelity of project implementation

Facilitator/Educator responsibilities include, but are not limited to:

- Attend necessary training
- Prepare and organize project materials
- Orient parents/the community to the project
- Recruit youth participants
- Conduct at least one youth focus group
- Facilitate and complete all project sessions and activities
- Participate in debriefing sessions with supervisor
- Collect and maintain data collection, as necessary
- Assist with activities to engage families and the community

New Jersey Abstinence Education Project

Website Resources

Building Partnerships for Youth, *A Youth Development Approach to Abstinence Education for 9 to 13 year olds: Support from the literature.*

@ <http://cals-cf.calsnet.arizona.edu/fcs/bpy/content.cfm?content=ydAbstinence>

CDC @ <http://www.cdc.gov/TeenPregnancy/index.htm>; *10 Steps to Promoting Science-Based Approaches (PSBA) to Teen Pregnancy Prevention using Getting to Outcomes (GTO)*
<http://www.cdc.gov/reproductivehealth/adolescentreprohealth/PDF/LittlePSBA-GTO.pdf>.

Evidence-based program information:

Project AIM @ http://www.hhs.gov/ash/oah/prevention/research/programs/adult_identity_mentoring_project_aim.htm. (A youth development-based program)

Promoting Health Among Teens (Jemmott abstinence-only program) @ http://www.hhs.gov/ash/oah/prevention/research/programs/promoting_health.html

<http://www.thenationalcampaign.org/resources/viewprogram.aspx?id=72>

<http://www.selectmedia.org/customer-service/evidence-based-curricula/promoting-health-among-teens>

Making a Difference! (Abstinence-based Approach to HIV/STD and Teen Pregnancy Prevention) @

http://www.hhs.gov/ash/oah/prevention/research/programs/making_a_difference.html

<http://www.thenationalcampaign.org/resources/viewprogram.aspx?id=20>

It's Your Game...Keep it Real (delayed sexual initiation) @

http://www.hhs.gov/ash/oah/prevention/research/programs/its_your_game_ke

Find Youth Information @ <http://www.findyouthinfo.gov/index.shtml>.

Healthy Teen Network, *Tools to Assess the Characteristics of Effective Sex and STD/HIV Education Programs* @ <http://www.healthyteennetwork.org>

National Mentoring Center @ <http://educationnorthwest.org/nmc> ; go to the resource collections link on the left side of the page.

National Mentoring Partnership @

http://www.mentoring.org/program_resources/elements_and_toolkits.

Public and Private Ventures @ <http://www.ppv.org/ppv/mentoring.asp>.

The National Campaign, What Works 2010 - Curriculum-based Programs that Help Prevent Teen Pregnancy. www.TheNationalCampaign.org

David Dubois, leading researcher @ <http://www.ihrp.uic.edu/researcher/david-dubois-phd>.

New Jersey Abstinence Education Project

The DHSS requires all grant applications to be submitted electronically through SAGE. There are two tracks for grantees applying through SAGE. The first track is for those applicants who have never registered or applied for grants electronically with the DHSS or with another department using SAGE. The second track is for grantees that are registered and/or have already applied for grants through DHSS or with another department. (For example, agencies registered in DCA-SAGE must log into DCA-SAGE then request access to DHSS-SAGE).

New User

All individuals using SAGE must be registered in SAGE. Please log on to: SAGE.NJ.gov and complete the NEW USER information with password.



Username

Password

Login

[New User?](#)[Forgot Password?](#)

1. You only register once in SAGE.
2. The authorized official must be validated before other actions can be taken in SAGE; contact Program Management Officer (PMO) listed below.
3. After validation, the Authorized officials can add/edit people in the organization and change user approval levels for personnel within their organization.
4. All organizations applying for grants must be registered in SAGE, have a federal employer identification number (FEIN), and a DUNS number. The Data Universal Numbering System (D-U-N-S®) request by copying and pasting this website: <http://fedgov.dnb.com/webform>
5. Contact your Program Management Officer (PMO) or grant management officer (GMO) with any questions.
6. Your organization must be made eligible to apply for a grant in order to complete an application. Contact the SAGE Technical Support staff, if you are cannot access the application at (609) 292-7646.
7. If you have any problems, or questions, with the grant application you should contact your PMO

Current User

1. Each year your organization must be made eligible to apply for a grant in order to complete an application. If you cannot access the grant application you should contact your PMO.
2. User information registered in SAGE remains the same unless the user edit/change the information, including password.

Contacts:

PMO – Marsha Fields Marsha.Fields@doh.state.nj.us 609-292-1723

GMO – Kelly Kirkpatrick Kelly.Kirkpatrick@doh.state.nj.us 609-984-1315

**New Jersey Abstinence Education Project
Scoring Criteria and Points**

A. Needs Assessment (15 points)

- ___ Applicant describes current (within 3 years) demographic, socio-economic and other data characteristics, citing source and year that justifies the need for funding. (2 points)
- ___ A Resource Directory of youth-serving health and social service agencies that includes pregnancy prevention and reproductive services, educational programs or other services needed by youth and that exist in the municipality being served. (3 points)
- ___ The percentage of teen participants that reside in any of the thirty (30) State-identified, high-risk municipalities.
 - ___ at least 50% but <75% (2 points)
 - ___ 75% but < 90% (5 points)
 - ___ 90% or more (10 points)

B. Applicant Capability and Capacity (17 points)

- ___ Organization chart attached, and indicates location of project and acceptable supervision. (1 point)
- ___ Staff, skills, facility, finances, technology, partnerships and other resources indicate capacity to accomplish the proposed AEP plan. (3 points)
- ___ Applicant experience is relevant to the proposed AEP in these areas:
 - ___ abstinence or teen pregnancy prevention education (2 points)
 - ___ mentoring, counseling and adult supervision (2 points)
 - ___ youth development and positive body image related to nutrition, physical activity and smoking behavior choices (2 points)
 - ___ healthy life skills: goal-setting, decision-making, negotiation, interpersonal communication, stress management (2 points)
 - ___ healthy relationships: family interactions, positive self esteem and relationship dynamics, friendships, dating, romantic involvement and marriage (2 points)
- ___ Applicant has conducted projects of same or similar focus and documented positive changes in knowledge, attitudes, intention, behavior and/or skills. (3 points)

C. Proposed AEP Plan (33 points)

- ___ Proposal includes SMART process and outcome objectives. (5 points)
- ___ Activities/methods to accomplish each objective in the AEP plan are described, appropriate and feasible. (5 points)
- ___ Activities/methods are described for engaging youth. (5 points)
- ___ Meets identified criteria (page 14 in RFA Guidance).
 - ___ Criteria 1-5 (5 points; **all** criteria must be met, no partial credit)
 - ___ Criteria 6 (3 points)
 - ___ Criteria 7
 - ___ project is ≤ 9 hours of contact time (1 point)
 - ___ project is 10 to 13 hours of contact time (2 points)
 - ___ project is 14 or more hours of contact time (5 points)
 - ___ Criteria 8, 9 (1 point per criteria)
 - ___ A plan for AEP sustainability is described (3 points).

D. Evaluation and Data Collection (10 points)

- ___ Appropriate evaluation outputs and outcomes are identified for each objective (5 points)
- ___ A method to collect the evaluation data required by the state is described. (5 points)

E. Community Support and Collaboration (15 points)

- ___ The proposed AEP is coordinated to fit into a continuum of existing pregnancy prevention and reproductive services and related educational programs to enhance and not duplicate these services and programs.
- ___ history of existing coordination and collaboration with **all** related services/programs is documented (10 points)
- ___ some history of coordination exists and some coordination is proposed (7 points)
- ___ coordination efforts are described as proposed (3 points)

- ___ Family and community engagement is described in the AEP plan. (5 points)

F. Budget (10 points)

- ___ Proposed budget is reasonable and costs are within the allowable categories described in the RFA to accomplish the proposed AEP plan. (2 points)
- ___ Applicant documented matching fund amounts as required using State, local government, private (i.e foundation) dollars or other in-kind contributions or resources on the LOSs and on page 6 “Funds and Program Income From Other Sources”. (3 points)
- ___ Applicant provided the calculations that justify the dollar value provided for the non-federal matching fund requirement on the LOSs. (5 points)